

IN THE UNITED STATES DISTRICT COURT FOR
THE DISTRICT OF NEBRASKA

MARY REYNOLDS,

Case No. _____

Plaintiff,

v.

COMPLAINT

THE UNITED STATES OF AMERICA,

Defendant.

COMES NOW the Plaintiff, Mary Reynolds, hereinafter Plaintiff, and for her causes of action against the Defendant, states and alleges as follows:

PARTIES

1. The Plaintiff, at the time of this occurrence, was a resident of Omaha, Douglas County, Nebraska.
2. The Defendant, The United States of America, who though its duties to the citizens of the United States, operates an air force base in Bellevue, Nebraska and employs civilian contractors such as Marvin Riedel, who at all times relevant was acting within the course and scope of his employment with the Defendant.

JURISDICTION

3. This action is brought pursuant to federal law, including and not limited to the Federal Tort Claims Act 28 U.S.C. § 2675.

4. Notice of the Plaintiff's tort claim was served by Standard Form 95, Attachment 1, was served through U.S. Certified Mail, to the following appropriate persons and/or entities:

- a. Office of the General Counsel, General Law Division Claims Office, 330 C Street, S.W., Switzer Building, Suite 2600, Washington, DC 20201, on April 29, 2020. Attachment 2.
- b. Torts Branch, Civil Division, U.S. Department of Justice, Washington, DC 20530, on April 30, 2020. Attachment 3.

c. Office of the Judge Advocate General, Tort Claims Unit, 9620 Maryland Ave., Suite 205, Norfolk, VA 23511-2949, on May 9, 2020. Attachment 4.

d. Air Force Legal Operations Agency/JACC, Claims and Tort Litigation Division, 1500 W. Perimeter Rd., Suite 1700, Andrews AB, MD 20762, on April 27, 2020. Attachment 5.

5. The Defendant, and any of its relevant agencies, failed to make final disposition of the Plaintiff's Federal Tort Claim within six months of its service.

6. This Court has jurisdiction on the subject matter of this action pursuant to 28 U.S.C. § 1336, which states the United States District Court shall have original jurisdiction over all civil actions arising under the Constitution, law or treaties of the United States.

7. This Court has personal jurisdiction over the parties to this action as a result of the negligent acts committed within Douglas County, Nebraska. The acts attributed to the Defendant consist of and are not limited to, failure to maintain a proper lookout while operating a motor vehicle owned and insured by the Defendant; failure to stop or yield before entering a roadway; and failure to maintain reasonable control of a motor vehicle.

STATEMENT OF THE CASE

8. On July 26, 2019, the Defendant's employee Marvin Riedel, was the driver of a 2018 Dodge Ram truck and while exiting a parking lot at 4429 California Street, in Omaha, Nebraska, Riedel failed to yield or stop for the Plaintiff's North bound vehicle and collided with her. Plaintiff's vehicle sustained substantial damage and Plaintiff suffered personal injuries. This event shall hereinafter be referred to as "the collision."

9. The collision was the result of the negligence of Defendant's employee in one or more of the following particulars:

- a) failure to maintain a proper lookout;
- b) failure to stop or yield before entering a roadway; and
- c) failure to maintain reasonable control of his vehicle.

Each of the foregoing acts were independently a direct and proximate cause of the collision, and the negligent acts by Riedel are imputed by respondent superior to the Defendant.

10. The collision was the actual and proximate cause of bodily injury to Plaintiff,

including permanent injuries to her neck, which resulted in Plaintiff requiring spine surgery.

11. As a result of her injuries, Plaintiff has incurred pain and suffering, will continue to incur additional pain, suffering, and indefinite disability, and is no longer able to participate in the same events and activities she enjoyed prior to her injuries.

12. As a result of her injuries, Plaintiff has incurred medical expenses for her treatment and recovery.

13. Plaintiff was unable to work due to her injuries which resulted in lost wages.

WHEREFORE, Plaintiff prays for judgment against Defendant, for her general and special damages, lost wages, loss of future earnings, pain and suffering, loss of enjoyment of life, permanent disability, other compensatory and incidental damages, and any additional damages to be proved at trial, for with interest thereon, together with costs and fees as provided by law.

DATED this 19th day of February, 2021.

MARY REYNOLDS, Plaintiff

By: _____

Jeffrey P. Welch, #20184

Ari D. Riekes, #23096

MARKS, CLARE & RICHARDS, LLC

11605 Miracle Hills Dr., Suite 300

Omaha, NE 68154

Phone: (402) 492-9800

jwelch@mcrlawyers.com

ariekes@mcrlawyers.com

Attorneys for Plaintiff

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO 1105-0008

| | | | | | |
|--|-------------------------------|------------------------------|---|----------------------------------|-------|
| 1. Submit to Appropriate Federal Agency: Office of the Judge Advocate General* Tort Claims Unit Norfolk 9620 Maryland Ave., Suite 205 Norfolk, VA 23511-2949 | | | 2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Mary Reynolds through her attorney, Jeffrey P. Welch 517 S. 51st Ave Marks, Clare, & Richards, LLC Omaha, NE 68106 11605 Miracle Hills Dr., Ste. 300 Omaha, NE 68154 | | |
| 3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN | 4 DATE OF BIRTH 11/09/1980 | 5. MARITAL STATUS Married | 6 DATE AND DAY OF ACCIDENT 07/26/2019 | 7. TIME (A.M. OR P.M.) Friday | 14:24 |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). | | | | | |

Claimant was Northbound in the inside lane of Saddle Creek Road in Omaha, Douglas County, Nebraska, when Marvin Riedel, who was driving a vehicle registered to Offutt Air Force Base, a Federal military installation, exited a business parking lot into the path of Claimant's vehicle. As a result of Riedel's negligent failure to yield the right of way, the vehicles collided at the intersection of North Saddle Creek and California. As a result of said collision, the Claimant sustained personal injuries to her body and has been forced to undergo and pay for surgical treatment to her spine.

9.

PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

James Sechser, 517 S. 51 Avenue, Omaha, NE 68106

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.
(See Instructions on reverse side).

2017 Jeep Latitude, vehicle has been repaired.

10.

PERSONAL INJURY/WRONFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

Claimant suffered physical injuries including injuries to her spine, which has forced her to undergo surgical treatment. It is believed that she will suffer permanent impairment, permanent pain and suffering, and physical limitations. Further, she has been forced to expend monies for said treatment and has suffered lost wages as a result of this collision.

11.

WITNESSES

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

None.

None.

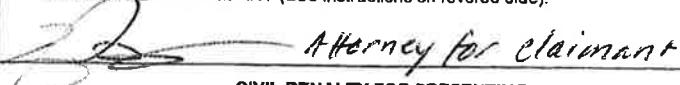
12. (See instructions on reverse).

AMOUNT OF CLAIM (In dollars)

| 12a. PROPERTY DAMAGE | 12b. PERSONAL INJURY | 12c. WRONGFUL DEATH | 12d. TOTAL (Failure to specify may cause forfeiture of your rights). |
|----------------------|----------------------|---------------------|--|
| \$7,000.00 | \$1,000,000.00 | None. | \$1,007,000.00 |

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).



Attorney for claimant

CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

13b. PHONE NUMBER OF PERSON SIGNING FORM

402-492-9800

4-23-2020

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

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95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)
PRESCRIBED BY DEPT. OF JUSTICE

28 CFR 14.2

ATTACHMENT 1

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number No

Farm Bureau, P.O. Box 9168, Des Moines, IA 50306

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes No 17. If deductible, state amount.

Deductible and med pay.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

Repair of vehicle and \$5,000.00 in medical benefits. Carrier has filed for subrogation protection.

19. Do you carry public liability and property damage insurance? Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). No

None.

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. Principal Purpose: The information requested is to be used in evaluating claims.
- C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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OFFICIAL USE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | 3 | 6 | 7 | 2 | 6 | 8 | 3 |
| Certified Mail Fee | | | | | | | |
| \$ <input type="checkbox"/> Extra Services & Fees (check box, add fee as appropriate) | | | | | | | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | | | | | | | |
| Postage | | | | | | | |
| \$ 11.00 <input type="checkbox"/> \$ 18.00 | | | | | | | |
| Total Postage and Fees | | | | | | | |
| \$ 11.00 <input type="checkbox"/> \$ 18.00 | | | | | | | |
| Sent To | | | | | | | |
| Office of the General Counsel, Gen Law, Claims Street and Apt. No., or PO Box No. 330 C Street, SW Switzer Building, Suite 2600 City, State, ZIP+4 Washington, DC 20201 | | | | | | | |
| PS Form 3800, April 2016 PBN 7530-02-000-0047 See Reverse for Instructions | | | | | | | |

| | | | |
|--|--|---|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 1. Article Addressed to: <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid black; margin-bottom: 5px;"> <p style="margin: 0;">"CERTIFIED MAIL"</p> <p style="margin: 0;">Office of the General Counsel</p> <p style="margin: 0;">General Law Division/Claims Office</p> <p style="margin: 0;">330 C Street, SW</p> <p style="margin: 0;">Switzer Building, Suite 2600</p> <p style="margin: 0;">Washington, DC 20201</p> </div> <div style="display: flex; align-items: center;"> 9590 9402 3404 7227 7877 53 </div> | | 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery <input type="checkbox"/> OO | |
| 2. Article Number (Transfer from service label) 7017 0190 0000 8367 2683 | | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery | |
| PS Form 3811, July 2015 PBN 7530-02-000-9053 Domestic Return Receipt | | | |

ATTACHMENT 2

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70170190000083672683[Remove X](#)

Your item was delivered to the front desk, reception area, or mail room at 11:19 am on April 29, 2020 in WASHINGTON, DC 20201.

Delivered

April 29, 2020 at 11:19 am
Delivered, Front Desk/Reception/Mail Room
WASHINGTON, DC 20201

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[Text & Email Updates](#)

[Tracking History](#)

April 29, 2020, 11:19 am
Delivered, Front Desk/Reception/Mail Room
WASHINGTON, DC 20201
Your item was delivered to the front desk, reception area, or mail room at 11:19 am on April 29, 2020 in WASHINGTON, DC 20201.

April 29, 2020, 8:22 am
Arrived at Post Office
WASHINGTON, DC 20018

April 28, 2020

In Transit to Next Facility

April 25, 2020, 1:59 pm

Arrived at USPS Regional Facility
WASHINGTON DC DISTRIBUTION CENTER

April 24, 2020, 8:43 am

Departed USPS Regional Facility
OMAHA NE DISTRIBUTION CENTER

April 23, 2020, 8:51 pm

Arrived at USPS Regional Facility
OMAHA NE DISTRIBUTION CENTER

Product Information



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Go to our FAQs section to find answers to your tracking questions.

FAQs

U.S. Postal Service

CERTIFIED MAIL® RECEIPT**Domestic Mail Only**For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hard copy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$ 1.60 7.80
Total Postage and Fees 7.80
\$ 6.40

Sent To

Torts Branch, Civil Division

Street and Apt. No., or P.O. Box No.

US Department of Justice

City, State, Zip Code Washington, DC 20530

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7017 0190 0000 8367 2690

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



9590 9402 3404 7227 7877 46

2. Article Number (Transfer from service label)

7017 0190 0000 8367 2690

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

APR 30 2020

3. Service Type

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail
 Mail Restricted Delivery
 OO

Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

ATTACHMENT 3

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70170190000083672690[Remove X](#)

Your item was delivered at 4:52 am on April 30, 2020 in WASHINGTON, DC 20530.

Delivered

April 30, 2020 at 4:52 am

Delivered

WASHINGTON, DC 20530

[Get Updates](#) ▾

[Feedback](#)

Text & Email Updates



Tracking History



April 30, 2020, 4:52 am

Delivered

WASHINGTON, DC 20530

Your item was delivered at 4:52 am on April 30, 2020 in WASHINGTON, DC 20530.

April 29, 2020, 10:56 am

Available for Pickup

WASHINGTON, DC 20530

April 29, 2020, 6:16 am

Arrived at Post Office

WASHINGTON, DC 20018

April 28, 2020

In Transit to Next Facility

April 25, 2020, 1:59 pm

Arrived at USPS Regional Facility
WASHINGTON DC DISTRIBUTION CENTER

April 24, 2020, 8:43 am

Departed USPS Regional Facility
OMAHA NE DISTRIBUTION CENTER

April 23, 2020, 8:26 pm

Arrived at USPS Regional Facility
OMAHA NE DISTRIBUTION CENTER

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FAQs

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| | |
|---|----------|
| OFFICIAL USE | |
| Certified Mail Fee \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| □ Return Receipt (hardcopy) | \$ _____ |
| □ Return Receipt (electronic) | \$ _____ |
| □ Certified Mail Restricted Delivery | \$ _____ |
| □ Adult Signature Required | \$ _____ |
| □ Adult Signature Restricted Delivery | \$ _____ |
| Postage \$ 1.60 \$ 8.00 | |
| Total Postage and Fees \$ 9.60 | |
| Sent To Office of the Judge Advocate General, Tax Claims Unit Street and Apartment No. or P.O. Box No. 9620 Maryland Ave., Suite 205 City, State, Zip Norfolk, VA 23511-2949 | |

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

ATTACHMENT 4

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70170190000083672751[Remove X](#)

Your item was delivered at 6:21 am on May 9, 2020 in NORFOLK, VA 23511.

Delivered

May 9, 2020 at 6:21 am
Delivered
NORFOLK, VA 23511

[Get Updates ▾](#)[Feedback](#)

Text & Email Updates



Tracking History



May 9, 2020, 6:21 am
Delivered
NORFOLK, VA 23511
Your item was delivered at 6:21 am on May 9, 2020 in NORFOLK, VA 23511.

April 27, 2020, 11:46 am
Arrived at Post Office
NORFOLK, VA 23511

April 27, 2020, 11:41 am
Tendered to Military Agent
NORFOLK, VA 23511

April 26, 2020

In Transit to Next Facility

April 25, 2020, 9:51 am

Arrived at USPS Regional Facility
NORFOLK VA DISTRIBUTION CENTER

April 24, 2020, 8:43 am

Departed USPS Regional Facility
OMAHA NE DISTRIBUTION CENTER

April 23, 2020, 8:26 pm

Arrived at USPS Regional Facility
OMAHA NE DISTRIBUTION CENTER

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FAQs

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For delivery information, visit our website at www.usps.com.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

| | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark
Here

Postage

\$ 1.60

Total Postage and Fees

\$ 6.40

\$ 8.00

Sent To

AFLOA/JAcc, Claims-Tort Litigation Division
Street and Apt. No., or PO Box No.

1500 W. Parmiter Rd. Suite 1100

City, State, ZIP+4

JB Andrews, MD 20762

PS Form 3800, April 2015 PSN 7530-02-000-0047

See Reverse for Instructions

ATTACHMENT 5



[FAQs >](#)

[Track Another Package +](#)

Tracking Number: 70170190000083672676

[Remove X](#)

Your item has been delivered and is available at a PO Box at 5:26 pm on April 27, 2020 in ANDREWS AIR FORCE BASE, MD 20762.

Delivered

April 27, 2020 at 5:26 pm
Delivered, PO Box
ANDREWS AIR FORCE BASE, MD 20762

Feedback

[Get Updates ▾](#)

Text & Email Updates

Tracking History

April 27, 2020, 5:26 pm

Delivered, PO Box
ANDREWS AIR FORCE BASE, MD 20762

Your item has been delivered and is available at a PO Box at 5:26 pm on April 27, 2020 in ANDREWS AIR FORCE BASE, MD 20762.

April 27, 2020, 11:35 am

Available for Pickup
ANDREWS AIR FORCE BASE, MD 20762

April 27, 2020, 11:14 am
Out for Delivery
SUITLAND, MD 20746

April 27, 2020, 11:03 am
Arrived at Post Office
SUITLAND, MD 20746

April 26, 2020
In Transit to Next Facility

April 24, 2020, 8:43 am
Departed USPS Regional Facility
OMAHA NE DISTRIBUTION CENTER

April 23, 2020, 8:26 pm
Arrived at USPS Regional Facility
OMAHA NE DISTRIBUTION CENTER

Feedback

Product Information



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FAQs